

APPLICATION FOR VARIANCE – Effective December 9, 2004

Wastewater Systems
(In accordance with Chapter 342 D Hawaii Revised Statutes)

Submit two (2) (one original & one copy) and filing fee of **\$300.00** payable to **State of Hawaii** to:

**Hawaii State Department of Health
Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814-4920
Ph (808)586-4294 Fax (808) 586-4300**

Attachments are allowed, but preferred in 8 ½" x 11" format (for copying purposes).

I. GENERAL INFORMATION (please print or type):

A. Name: _____
(Corporation, company, agency, firm, etc. seeking variance)

Mailing address: _____

(City) (Island) (Zip code)

Brief Description of Variance: _____

Plant or Equipment Location: Tax Map Key #: (_____) - ____ - ____ :

Divisions: 1=Oahu 2=Maui 3=Big Island 4=Kauai (Division) Zone - Sec - Plat : Parcel

(Number) (Street)

(City) (Island) (Zip code)

B. Individual authorized to act for applicant:

Name: _____ Title: _____

Address: _____

(City) (Island) (Zip code)

Phone No.: _____ Fax No.: _____

Email Address: _____

- C. Identify the specific section of Chapter 11-62 which the variance is requested. If additional space is required, please include information on a separate attachment and label "Attachment I". (Chapter 11-62 may be viewed at www.hawaii.gov/doh/ select Rules & Regulations, DOH Administrative Rules Title 11, HAR, Wastewater Branch, 62)

II. SPECIFIC INFORMATION:

- A. Describe in detail the present and/or proposed equipment and/or discharge and the present and/or proposed operating conditions of the facility in relation to the requested variance (if additional space is required, include the information on a separate attachment and label "Attachment A-1").
- B. Describe how these present or proposed conditions fail to conform with the environmental rules of the State (if additional space is required, include the information on a separate attachment and label "Attachment B-1").
- C. Describe in detail why the present or proposed equipment and/or operating conditions cannot be altered to bring such facility into compliance with the environmental rules of the State within a reasonable amount of time (if additional space is required, please include the information on a separate attachment and label "Attachment C-1").
- D. As a separate attachment ("Attachment D-1, D-2 and D-3"), supply supporting information to clearly show that:
- (1) The granting of the variance is in the public interest as defined in the Hawaii Revised Statutes, Section 342.D-6(c).
 - (2) The granting of the variance will not substantially endanger human health or safety.
 - (3) Compliance with the rules or standards from which the variance is sought would produce serious hardship without equal or greater benefits to the public.

- E. Specify the amount of time requested for the variance and the reasons for such a time period. Note that the Director cannot issue a variance for a period exceeding five years (if additional space is required, please include the information on a separate attachment and label ("Attachment E-1").
- F. Submit any additional information which will support this application for a variance (i.e., statements, plans, area maps, histories, etc., and label "Attachment F-1").

III. CERTIFICATION:

I, _____, _____,
(print name) (print title)

certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

DO NOT WRITE BELOW - FOR AGENCY USE ONLY

- IV. Date Application received: _____
- V. Application No.: _____
- VI. Docket No.: _____
- VII. Received by: _____
- VIII. Filing Fee (\$300.00) check date: _____ Check # _____
- IX. Department of Health Receipt #: _____
- X. Decision on Application (including date): _____
- XI. Date of Public Hearing: _____